



**Missouri Department of Health and Senior Services**

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010  
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

**Richard C. Dunn**  
Director



**Bob Holden**  
Governor

Dear Initial Applicant:

This is in response to your inquiry regarding participation in the Medicare program as a provider of a Comprehensive Outpatient Rehabilitative Facility (CORF). The Missouri Department of Health and Senior Services/Unit of Home Care and Rehabilitative Standards assists the Centers for Medicare & Medicaid Services (CMS) in determining whether clinics and agencies in this state meet the Medicare requirements. To participate as a provider of services, the facility will be required to satisfy certain requirements relating to clinical records, policies governing the services provided, state or local licensure, plan of care for each patient that is periodically reviewed by a physician, adequate facilities and equipment to carry out a program of treatment, and a sufficient number of properly qualified personnel.

You will need to contact one of the following fiscal intermediaries (FI) for completion of a CMS-855 form in order to be approved to receive Medicare reimbursement: Freestanding CORF-Tri-Span at 601/664-4399; Provider-based CORF – the same FI as parent provider.

Enclosed is a copy of the Disclosure of Ownership form (CMS-1513), Request to Establish Eligibility (CMS-359) and instructions for completing the form. You will also find two (2) copies of the Assurance of Compliance (HHS-690), and the Health Insurance Agreement (CMS-1561), which your organization will be expected to enter into with the Department of Health and Human Services if you qualify for participation. If you wish to participate in the program, please complete and return all of the enclosed forms to our office.

Following an on-site survey, this unit will recommend to the Centers for Medicare & Medicaid Services your certification status. **Under no circumstance can any facility be reimbursed retroactively for services furnished to Medicare clients prior to the date of the survey.** The earliest possible date of certification and resultant reimbursement is the date of the survey and ONLY if the facility is in full compliance with all requirements of the program with no deficiencies. If the facility has standard level deficiencies, the earliest possible date of certification and resultant reimbursement is the date your facility submits a signed and dated acceptable Plan of Correction for all deficiencies cited. If your facility is out of compliance with condition level requirements, this office will not recommend your facility be certified in the Medicare program and CMS will notify your facility in writing regarding this action.

Should you have any questions or if we can be of any assistance, please contact me at 573/751-6336. Additional information is available on our website at [http://www.dhss.state.mo.us/Home\\_Health](http://www.dhss.state.mo.us/Home_Health).

Sincerely,

Lisa Coots, R.N., Administrator  
Unit of Home Care and  
Rehabilitative Standards

Enclosures

[www.dhss.state.mo.us](http://www.dhss.state.mo.us)

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.